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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

-ty -- -- this form as it may be made public.

OMB No. 1545-1150

2016

Open to Public Inspection

A	For the	2016 calend	ar year, or tax year beginning , 2016, and ending		, 20	
8	Check if ap	plicable	C Name of organization	D Employer is	dentification number	
	Address c	hange	•	46-4944547		
	Name cha	inge	E Telephone	number		
H	Initial retu		PO Box 9541	9	70-925-9001	
H	Final return Amended	n/terminated		F Group Exe		
H	Application		Aspen CO 81611	Number	=	
G		ing Method	- بوهر نه است کنت کان	heck ▶ □	if the organization is not	
	Website	•			tach Schedule B	
J 1	Tax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (F	Form 990, 99	0-EZ, or 990-PF)	
_			✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ ;	8	
	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruction	s for Part I)	
			the organization used Schedule O to respond to any question in this Part I			
	11		ons, gifts, grants, and similar amounts received		7,705	
	2		ervice revenue including government fees and contracts		50,387	
	3	•	ip dues and assessments	3		
	4	Investmen	•	4		
n			ount from sale of assets other than inventory 5a			
\supset	b		or other basis and sales expenses			
2	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1	
3	6	•	d fundraising events			
16	a	_	ome from gaming (attach Schedule G if greater than		}	
ို့ခ	-			İ	ļ	
Revenue CLEREAUS	Ь	Gross inco	me from fundraising events (not including \$ of contributions	;	}	
_	}		aising events reported on line 1) (attach Schedule G if the	[į	
<u>ு</u>	}	sum of suc	ch gross income and contributions exceeds \$15,000) 6b			
	С	Less: direc	et expenses from gaming and fundraising events 6c		Í	
2017	ď	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	tract		
		line 6c)		6d		
	7a	Gross sale	s of inventory, less returns and allowances			
	Ь		of goods sold 7b			
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c]	
	8	Other reve	nue (describe in Schedule O)	8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ 9	58,092	
	10		d similar amounts paid (list in Schedule O)		10,460	
	11	Benefits p	aid to or for members	11		
S	12	Salaries, o	ther compensation, and employee benefits	12		
Expenses	13		al fees and other payments to independent contractors		21,864	
90	14	Occupanc	y, rent, utilities, and maintenance	14	22,581	
ũ	15	Printing, p	ublications, postage, and shipping	15	4,466	
	16	Other expe	enses (describe in Schedule O)	16	4,803	
_	17	Total expe	enses. Add lines 10 through 16	. 🕨 17	64,174	
Ç,	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	-6,082	
set	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree			
Ą	!	end-of-yea	ar figure reported on prior year's return)	· · 19	-810	
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)			
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. > 21	-6,892	
Fo	r Paper	work Reduc	tion Act Notice, see the separate instructions. Cat. No 106421		Form 990-EZ (2016)	

P

Pai	rt II	Balance Sheets (see the instructions f	or Part II)				
		Check if the organization used Schedule	O to respond to ar	y question in this	Part II		_: 📮
					(A) Beginning of year		(B) End of year
22		n, savings, and investments				22	
23		d and buildings				23	
24		er assets (describe in Schedule O)				24	
25		lassets				25	
26		Il liabilities (describe in Schedule O)				26	
27		assets or fund balances (line 27 of column			-810	27	-6,082
Par	t III	Statement of Program Service Accomp	`		,		_
		Check if the organization used Schedule				/Doc	Expenses juired for section
What	t is the	organization's primary exempt purpose?	Mentorship through	alternative music ed	ducation		c)(3) and 501(c)(4)
as m	neasure	e organization's program service accomplised by expenses. In a clear and concise materited, and other relevant information for ea	anner, describe the			orga othe	nizations, optional for rs)
28	Schola	rships to Students					
	(Grant	s \$ 10,460) If this amount	includes foreign gra	nts, check here .	▶ 🛛	28a	10,460
29							
	(Grant	s \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	29a	
30			· + • • • • • • • • • • • • • • • • • •				
					·		
	(Grant		includes foreign gra			30a	<u> </u>
31		program services (describe in Schedule O)					
	(Grant		includes foreign gra			31a	
		program service expenses (add lines 28a t		<u> </u>		32	10,460
Par	t IV	List of Officers, Directors, Trustees, and Key				stru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to ar				<u> </u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-		1, 9	Estimated amount of other compensation
Willia	m Rus	sell Cattaneo					
	rector		40		0	0	
Tamr	ny Baai	r					
Direc	tor		5		0	0	0
						4	
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			}	}	}		
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Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this							
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this		Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<u></u>				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)							
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓				
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7				
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓_				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 0			_				
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	300						
39	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on line 9							
b	Gross receipts, included on line 9, for public use of club facilities							
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶							
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization							
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1				
41	List the states with which a copy of this return is filed ▶							
42a		970-92		1				
h	Located at ▶ PO Box 9541 Aspen CO ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	816	Yes	No				
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	1				
	If "Yes," enter the name of the foreign country: ▶							
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓_				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	. ,	. 1	▶ □				
4.4	Del the combination and their control of the contro		Yes	No				
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1				
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1				
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1					
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	 	1				
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		1				

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2016

Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name	lame of the organization Employer identification number						
Rock	ock and Roll Academy Aspen 46-4944547						
Pai							ns.
The o	organization is not a private founda						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in section		•				
3	A hospital or a cooperative hospital or a cooperative hospital research organization						ii\ Enter the
4	hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned or	operate	d by a governmenta	al unit described in
6 7	☐ A federal, state, or local gover. ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	nt college of agr	iculture (see ınstructio	ons). Enter	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt ful t income and uni ifter June 30, 197	nctions—subject to corelated business taxal 75. See section 509(a	ertain exc ble incom i)(2). (Con	eptions, e (less se iplete Pa	and (2) no more than ection 511 tax) from l art III.)	1 33 ¹ /3% of its
11	An organization organized and	•		-			
12	An organization organized and						
	of one or more publicly support Check the box in lines 12a thro	•					, ., .
_		-	• • •		-	•	_
а	the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ority of t		
b	Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	upported organization	on(s), by having
	control or management of organization(s). You must				persons	that control or mana	age the supported
C	Type III functionally integ its supported organization						Illy integrated with,
d	Type III non-functionally that is not functionally inte						
	requirement (see instruction						a an archiveness
е		nization received	a written determination	on from th	e IRS th	at it is a Type I, Type	II, Type III
f	Enter the number of supported		· -				[
g	— • • • • • • • • • • • • • • • • • • •			•			\- <u></u>
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	 	 			L 	 	

Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	i)
	(Complete only if you checked th						alify under
<u> </u>	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	,
	on A. Public Support	(-) 0040	(1.) 0040	(1) 0014	(-D 0045	(-) 0010	(6) Tabal
Caten	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				·	,	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	=	•			12	
13	First five years. If the Form 990 is for the						
Spoti	organization, check this box and stop he on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · · 			· · > U
14	Public support percentage for 2016 (line 6			11 column (fi)		14	%
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organi	nedule A, Part Ization did not	II, line 14 . check the box		 nd line 14 is 3	15 31/3% or more,	% check this
b	box and stop here . The organization qua 33 ¹ / ₃ % support test—2015. If the organithis box and stop here . The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization".	eets the "facts facts-and-circ	-and-circumst umstances" te	ances" test, ch est. The organi	heck this box zation qualifie	and stop here. s as a publicly	Explain in supported
b 18	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization.	ation meets the meets the "fac	e "facts-and-ots-and-ots-and-circum	circumstances stances" test.	" test, check The organizat	this box and some some thin the sound the soun	stop here. a publicly
	Instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		}	13250	9676	7705	30631
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ļ		}	į	}	
	organization's tax-exempt purpose			47432	71695	50387	169514
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		}	}			
	to or expended on its behalf		.				
5	The value of services or facilities						
	furnished by a governmental unit to the				ŀ	1	
	organization without charge		l				
6	Total. Add lines 1 through 5	 		60682	81371	58092	200145
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						·
b	Amounts included on lines 2 and 3	}	ł			Į.	
	received from other than disqualified						
	persons that exceed the greater of \$5,000	ł			ł	}	
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		1	1	ľ	1	
<u> </u>	line 6.)	<u>L</u>	<u> </u>	L			
	on B. Total Support	(=) 0010	(h) 0012	(=) 0014	(d) 0015	(-) 0016	(6) Tatal
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6			60682	81371	58092	200145
10a	Gross income from interest, dividends, payments received on securities loans, rents,		1				
	royalties and income from similar sources		ŀ	o	o	o	0
b	Unrelated business taxable income (less			-			
-	section 511 taxes) from businesses	[1	1			
	acquired after June 30, 1975		1	[
С	Add lines 10a and 10b			0	0	0	0
11	Net income from unrelated business	 					<u>_</u>
• •	activities not included in line 10b, whether			[j		
	or not the business is regularly carried on]		}	į	1	
12	Other income. Do not include gain or						
	loss from the sale of capital assets	}	1		ļ		
	(Explain in Part VI.)		<u> </u>				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	J	60682	81371	58092	200145
14	First five years. If the Form 990 is for the	•	="		•		
	organization, check this box and stop he				· · · · ·	<u> </u>	· · > 🗸
	on C. Computation of Public Suppo						
15	Public support percentage for 2016 (line		•			15	<u>%</u>
16	Public support percentage from 2015 Sc					16	<u>%</u>
	on D. Computation of Investment In			willing 40	(0)	13-1	
17	Investment income percentage for 2016	•		-			<u> </u>
18	Investment income percentage from 2019 331/3% support tests—2016. If the organ					18	% and line
19a	17 is not more than 331/2%, check this box						•
L	33½% support tests—2015. If the organia	-	_	•		•	
þ	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	-	-	*	-		

Part IV

Supporting Organizations

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D. and complete Part V.)

Section	A.	All	Suppo	rting	Organizations	5
---------	----	-----	-------	-------	---------------	---

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
3 a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3a 3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	46		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

scneau	ie A (Form 990 or 990-E2) 2016			age 3
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		[
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			_ 1
	below, the governing body of a supported organization?	11a	· [
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	· · · · ·	
	on B. Type I Supporting Organizations	-110		
	on by type to apperting organizations		Yes	No
4	Bid the discrete trustees or membership of any propagated examinations have the power to		103	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	~3	-cr	,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1	
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		i
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		. 1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2		
Casti				
Secu	on C. Type II Supporting Organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	•	. [1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			. (
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			<u> </u>
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how	,		فــــــ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	}		
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations		L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions).
-				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1) ;
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Ì	ł ·	
	how the organization was responsive to those supported organizations, and how the organization determined	}	}	1
	that these activities constituted substantially all of its activities.	2a	l	1
_	·	120		
b		i	į :	,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		}
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ł		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	•	Í
b		 -		
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь	1	1
	or to deposited digaritation in 100, december in 1 die 11 the 1010 played by the digaritation in this regard.	100		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3		<u> </u>		
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5		<u></u>		
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6		<u> </u>		
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):		 			
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in getail in Part VI):			-		
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3		 		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6		 		
7 Recoveries of prior-year distributions	7		1		
8 Minimum Asset Amount (add line 7 to line 6)	8		†		
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			ri,		
emergency temporary reduction (see instructions).	6	<u> </u>			
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	ng organization (see		
instructions).			-		

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
_ 5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	 		
7	Total annual distributions. Add lines 1 through 6.		 	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	ponsíve	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		G)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See instructions.			,
3	Excess distributions carryover, if any, to 2016:			
а			· 	
b	1	٠. ، - ،	erina consideration of the	というないというできるがは、
С	From 2013			
d	From 2014		 	
<u>e</u>	From 2015			
f_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount		Array San Carlot San	V - 17-13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Carryover from 2011 not applied (see instructions)	45/1	334440 14144 1 1 1 1 1 1 1	
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
			·	
	Applied to underdistributions of prior years Applied to 2016 distributable amount			
<u>b</u>				
	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		1	'
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017 Add lines 3			
	and 4c.			1
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV; Section B, iines 1 and 2; Part iV, Section C, iine 1; Part iV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)


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### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

Rock and Roll Academy Aspen	46~4944547
Other Expenses:	
Advertising - \$3489	
nsurance- \$389	
Meals- \$210	
Weetings- \$10	
Other Costs- \$704	
Fotal- \$4803	
NOTE - X - X - X - X - X - X - X - X - X -	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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